

Date CTEC Received _____ Time CTEC Received 05:30:10 11/00/01 Clerk I.D. _____
Date Entered On-Line _____ Entering CTEC Clerk I.D. _____

Agency for Health Care Administration, Medicaid Contract Management
2308 Killearn Center Boulevard, Suite 200 (Approval/Denial/Termination Transmittal Form)

PLEASE FOLLOW THE INSTRUCTIONS BELOW. THIS FORM SHOULD BE RETAINED IN THE PROVIDER'S FILE.

Date: October 6, 2005

From: Patricia G. Mayes, Medicaid Provider Services

USE A SEPARATE TRANSMITTAL FORM FOR EACH PROVIDER

Termination of Current Provider. Terminate the following provider number as of the termination date noted below. Note on the FMMIS screen the reason for termination.

Provider Number	Provider Name	Termination Date	Status Code
0634875-00	Enrique G. Casuso	November 5, 2005	A

COMPLETED
OCT 13 2005
ACS Provider Enrollment

RECEIVED
OCT 13 2005
ACS PROVIDER ENROLLMENT

053018 118001

**FLORIDA
MEDICAID**

JEB BUSH, GOVERNOR

ALAN LEVINE, SECRETARY

October 10, 2005

**CERTIFIED MAIL
7004 1160 0001 6360 4865
RETURN RECEIPT REQUESTED**

Enrique G. Casuso, MD
701 Southwest 27 Avenue
Suite 1402
Miami, FL 33135

RE: Termination of Medicaid Provider Agreement
Provider Numbers 0698997-00 and 0634875-00

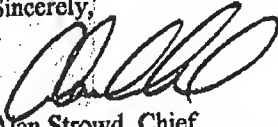
Dear Dr. Casuso:

Section 7 of the Medicaid Provider Agreement states that either party may terminate the agreement upon thirty (30) days written notice by either party.

Please be advised that the Agency has elected to exercise its termination rights under Section 7 of the provider agreement. You are hereby notified that your Medicaid Provider Agreement is terminated, without cause, thirty (30) days from the date of this letter.

Should you have any questions with regard to the above action, you may contact the Agency's General Counsel at (850) 922-5873.

Sincerely,


Alan Strowd, Chief
Medicaid Contract Management

AS/pm

cc: Medicaid Area Office 11
General Counsel's Office
Melissa Hoper, Medicare Registration Department
James Boyd, Inspector General
Joe Lombardi, MCM Financial/Audit Unit
Genell Holder, Finance and Accounting
Tracy Hurd, Medipass



Medicaid Contract Management
2308 Killearn Center Blvd., Suite B200
Mail Stop 22
Tallahassee, FL 32309

<http://ahca.myflorida.com>

AHCA Headquarters
2727 Mahan Drive
Tallahassee, FL 32308

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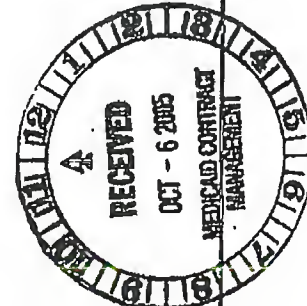
MEMORANDUM

DATE: August 31, 2005

TO: Tom Arnold
Deputy Secretary for Medicaid

FROM: Tim Byrnes, Chief
Medicaid Program Integrity *[Signature]*

SUBJECT: Enrique G. Casuso, M.D. and Enrique G. Casuso, M.D., P.A.
Provider # 0698997 00 and 0634875 00



We recommend that Medicaid consider terminating the provider numbers for the above-referenced provider.

Provider number 0698997 00 for Dr. Enrique G. Casuso, M.D. is an active Medicaid provider with a specialty of Psychiatry. During calendar year 2004 and thus far in 2005 as of July 26, 2005, this provider number has not received any Medicaid reimbursements.

Provider number 0634875 00 for Dr. Enrique G. Casuso, M.D., P.A., has been an active Medicaid provider since May 1990 and had received \$253,103.98 during calendar year 2004 and \$149,041.83 thus far in 2005 as of July 26, 2005 in Medicaid reimbursements.

Dr. Enrique G. Casuso was identified as one of the prescribing physicians for the Atypical Antipsychotic Project. In November 2004, Dr. Casuso's office was visited by AHCA-MPI staff to collect selected Medicaid recipients' medical records.

During the year 2004, Dr. Casuso's office had seen an average of 24.7 Medicaid patients per day. There are several days where his office had seen as many as 81 Medicaid patients. His office also sees non-Medicaid patients as well.

Records submitted by the provider were extensively examined. The AHCA-MPI Registered Nurse Consultant and Physician Peer found several instances of no documentation of physician's order, no medical necessity justified; providing inadequate medical attention, awareness and oversight for medications prescribed; inadequate record keeping and standard of care being questioned. This provider was placed on pre-payment review on August 4, 2005.



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Enrique G. Casuso, M.D. and Enrique G. Casuso, M.D., P.A.
 Provider numbers 0698997 00 and 0634875 00
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Additionally, be advised this provider was previously recommended for termination in February and April 2005. However, after several discussions regarding the policy surrounding board certification in June 2005, the termination was not approved at that time. Based on this additional information we recommend that the Division of Medicaid again consider this matter.

Additionally, this provider is under investigation by the Office of Attorney General, Medicaid Fraud Control Unit (MFCU). MFCU does not object to this recommendation.

We also request that this provider be terminated in PDCS, effective the date of the termination. We recognize that there may be clinical considerations that the Bureau of Pharmacy Services must evaluate, and we are available to provide input should you so request.

If you or your staff have any questions regarding this recommendation, please contact Deborah S. Barker, AHCA Administrator, at 921-1802.

Additionally, because this provider is under active investigation and/or this memo contains confidential information, its contents should not be disclosed beyond necessary Agency employees.

TB/KMH/cmd

cc: Medicaid Program Integrity Chief (Termination recommendation)

Please return a copy to Medicaid Program Integrity upon completion:

<input checked="" type="checkbox"/>	Approved	0698997 00	<i>[Signature]</i>	9/13/05
				Date
<input checked="" type="checkbox"/>	Approved	0634875 00	<i>[Signature]</i>	9/13/05
				Date
<input type="checkbox"/>	Disapproved	0698997 00		
				Date
<input type="checkbox"/>	Disapproved	0634875 00		
				Date

Note to MPI: Upon approval of a termination recommendation for a provider who is a prescriber, coordinate with Pharmacy Services to ensure that the appropriate action is taken with regard to PDCS.